FORM D

UNITED STATES

RECENEGORITIES AND EXCHANGE COMMISSION

(Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response.....16.00

SEC USE ONLY											
Prefix		Serial									
DA	TE RECEIV	ED									
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Resource Real Estate Investors 6, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing:	T TERRIN BOWN TO THE POWN TERRIN TO THE BEACH WAS THE FIRST WAS TO THE
A. BASIC IDENTIFICATION DATA	 07079741
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Resource Real Estate Investors 6, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	elephone Number (Including Area Code)
One Crescent Drive, Suite 203, Navy Yard Corporate Center, Philadelphia, PA 19112 (215)) 546-5005
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	'elephone Number (Including Area Code)
(same as above) Brief Description of Business	
A limited partnership that intends to acquire primarily equity interests in both multi-family resid	ential rental properties and in real estate
mortgages and other debt instruments secured by such properties.	
Type of Business Organization	specify): PROCESSED
corporation Imited partnership, already formed other (please	specify):
business trust limited partnership, to be formed	<u>nrt 15 2007</u>
Month Year	00111 5001
Actual or Estimated Date of Incorporation or Organization: 0 7 D Actual Estimated	THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	FINANCIAL

UNIFORM LIMITED OFFERING EXEMPTION

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

denying such status. A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Director Check Box(es) that Apply: ✓ Promoter Beneficial Owner Executive Officer Managing Partner Resource Capital Partners, Inc., General Partner Full Name (Last name first, if individual) One Crescent Drive, Suite 203, Navy Yard Corpoate Center, Philadelphia, PA 19112 Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Beneficial Owner Check Box(es) that Apply: ✓ Promoter Executive Officer Director Managing Partner Bloom, David E. Full Name (Last name first, if individual) One Crescent Drive, Suite 203, Navy Yard Corpoate Center, Philadelphia, PA 19112 Business or Residence Address (Number and Street, City, State, Zip Code) Z Executive Officer Check Box(es) that Apply: ✓ Promoter ☐ Beneficial Owner ☐ Director General and/or Managing Partner Saltzman, Steven Full Name (Last name first, if individual) One Crescent Drive, Suite 203, Navy Yard Corpoate Center, Philadelphia, PA 19112 Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Director General and/or Beneficial Owner Check Box(es) that Apply: ✓ Promoter Managing Partner Patel, Darshan V. Full Name (Last name first, if individual) One Crescent Drive, Suite 203, Navy Yard Corpoate Center, Philadelphia, PA 19112 Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: ✓ Promoter Beneficial Owner Executive Officer Director Managing Partner Finkel, Kevin M. Full Name (Last name first, if individual) One Crescent Drive, Suite 203, Navy Yard Corpoate Center, Philadelphia, PA 19112 Business or Residence Address (Number and Street, City, State, Zip Code) Director Executive Officer General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Managing Partner Cohen, Jonathan Full Name (Last name first, if individual) One Crescent Drive, Suite 203, Navy Yard Corpoate Center, Philadelphia, PA 19112 Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director Managing Partner Feldman, Alan Full Name (Last name first, if individual) One Crescent Drive, Suite 203, Navy Yard Corpoate Center, Philadelphia, PA 19112 Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Since a determination of who is a promoter is a question of fact, the persons are listed on page 2 as promoters without admitting or

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	[RI]				<u> </u>		·····				WI]	WY]	
Ful	l Name (l	Last name	first, if indi	ividual)									
			Address (N			ity, State, 2	Zip Code)				_		
_	<u>_</u>		outh, Birmi		L 35223								
Pr	oequities	, Inc.								······································			
Sta			Listed Has									EZ A1	l Cinina
	(Check	"All States	" or check	individual								X AI	I States
	AL	AK	AZ	AR	CA	CO		DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
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	RI	SC	SD	TN	TX	UT	VT	VΑ	WA	WV	[WI]	WY	PR
Ful	I Name (I	Last name	first, if indi	ividual)		_							
Bus	siness or	Residence	Address (N	Number an	d Street. C	ity, State.	Zip Code)				<u> </u>	.	
Or	ne Valmo	nt Plaza, 4	lth Floor, C	Omaha, N		•							
Name of Associated Broker or Dealer QA3 Financial Corp.													
			Listed Has	Solicited	or Intends	to Solicit	Purchasers		· · · · · · · · · · · · · · · · · · ·				
	(Check	"All States	" or check	individual	States)			***************************************		******		X All States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

				<u>. </u>	B. 17	NFORMATI	ION ABOU	T OFFERI	NG	<u>.</u>			
	B. INFORMATION ABOUT OFFERING Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												No
1.	Has the	issuer sold	l, or does th								••••••		K
2.	What is	tha minim	um investm			Appendix						s 25,0	00.00
4.	witat is	me mmm	um mvestn	ient that w	m be acce	pica nom a	my marvia	uai:				Yes	No
3.	Does the	e offering	permit joint	ownershi	p of a sing	le unit?	***************************************		••••		•••••	×	
4.	commiss If a perso or states a broker	sion or sime on to be lis , list the na or dealer,	ilar remune ted is an ass ime of the b you may so	ration for s ociated pe roker or de et forth the	olicitation rson or ago aler. If mo	of purchase int of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	irectly, any he offering, with a state ons of such		
Ful	I Name (I	ast name	first, if indi	vidual)									
Bus	siness or l	Residence	Address (N	umber and	Street, Ci	ity, State, Z	ip Code)						
			te. 200, Ar		MI 48108	3							
	Name of Associated Broker or Dealer Questar Capital Corporation												
-	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
	(Check "All States" or check individual States)												l States
	AL IL MT	GA MN OK WI	HI MS OR WY	ID MÖ PA PR									
Ful	l Name (l	ast name	first, if indi	ividual)		· · · · · · · · · · · · · · · · · · ·		· - -				•	
			Address (?				Zip Code)		•				
			e, Altamon		, FL 3271	4							
		curities, I	••••	aici									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				• ••		
	(Check	"All States	or check	individual	States)	***************************************						☐ Al	1 States
	IL MT RT	AK DA NE SC	AZ IA NV SD	AR KAS MAH TAS	ÇA KY ₹Ø	ÇQ LA NM LA	ME NY VT	DE MO NC VA	DC MA ND WA	WV WV	GA MN OK WI	HI MS QR WY	MO PA PR
Ful	l Name (I	ast name	first, if ind	ividual)				12.00					
			Address (1 Suite 220,		•	•	Zip Code)						
Name of Associated Broker or Dealer Triad Advisors, Inc.													
			Listed Has	Solicited	or Intends	to Solicit	Purchasers						.
	(Check "All States" or check individual States)											K Al	l States
	tates in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI												MO PA PR

					B. IN	NFORMATI	ON ABOU	r offeri	NG				
I.	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												No K
•••	***************************************		,										ب
2.	What is	the minim	um investm	ent that w	ill be accep	pted from a	ny individ	ual?			*************	\$ <u>25,0</u>	00.00
2	Dogs the	a offering i	permit joint	ownerchi	n of a sing	le unit?						Yes	No
3. 4.			ion request										Ш
	commiss If a perso or states	sion or simi on to be lis , list the na	ilar remuner ted is an ass ime of the br you may se	ration for s ociated pe roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok re than five	ers in conne er or dealer e (5) person	ction with r registered is to be list	sales of sec l with the S ed are asso	urities in tl EC and/or	ne offering. with a state		
Ful	II Name (I	Last name	first, if indi	vidual)									
			Address (N				ip Code)					•	
			200, Overl		, KS 6621	0-9631	 						
	VSR Financial Services, Inc. States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
Sta	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
	(Check "All States" or check individual States)												States
	AL AK AZ AR CA CO CT DE DC FL CO IL IN IA KS KY LA ME MD MA MI MO MT NE NV NH NJ NM NY NC ND OH CO NT VT VA WA WV NT NAME (Last name first, if individual)												MO PA PR
Fu	II Name (I	Last name	first, if indi	vidual)						·			
			Address (N				Zip Code)						·
			Road, B1-5 oker or Dea		is, MO 63	128							
W	alnut Str	eet Securit	ies, Inc.										
Sta			Listed Has										
	(Check	"All States	s" or check	individual	States)	***************************************	***************************************			(1:*****		⊠ Al	l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	II Name (I	Last name	first, if indi	ividual)		-							-
			: Address (N		d Street, C	City, State,	Zip Code)						
255 Woodcliff Dr., Fairport, NY 14450 Name of Associated Broker or Dealer												-	
Wall Street Financial Group, Inc. States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
Sta												≹ Al	l States
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GO IL IN IA KS KY LA ME MD MA MI MI MT NE NV NH NJ NM NY NC ND OH QI RI SC SD TN TX UT VT VA WA WV W												MO PA PR

					B. II	NFORMATI	ON ABOU	T OFFERI	NG				
,	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												No 🗔
1.	Has the	issuer sold	, or does in			ıı, to non-a Appendix,							K
2.	What is	the minim	um investm					·=				\$ 25,0	00.00
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3.			permit joint									×	
4.	commissing if a person or states	sion or simi on to be list s, list the na	ilar remune: ted is an ass	ration for s ociated pe roker or de	olicitation rson or age aler. If mo	of purchase int of a brok irc than five	ers in conne er or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in the EC and/or	irectly, any ne offering, with a state ons of such		
Ful	l Name (l	Last name	first, if indi	vidual)									
			Address (N ew York, N			ty, State, Z	ip Code)			<u> </u>		 	
			oker or Dea	aler									
	Royal Alliance Associates, Inc. States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
Sta	(Check "All States" or check individual States)												I States
	AL IL MT RI	GA MN OK WI	MS OR WY	ID MÖ PA PR									
Ful	I Name (Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)			-			
			s Moines,					 					
		socialed Br cial Servic	oker or Dea	aler									
			Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	************			***************************************	••••••	•••••	K Al	1 States
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Ful	II Name (I	Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)						
Na	Name of Associated Broker or Dealer												
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
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	AL IL MT	AK IN NE •	AZ IA NV SD	AR (KS) NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

					B. IN	FORMATI	ON ABOU	r offeri	NG				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No K Ì		
2.	What is	the minim	um investm									\$ 25,0	00.00
												Yes	No
3.											X		
4.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (L	ast name l	first, if indi	vidual)									
Business or Residence Address (Number and Street, City, State, Zip Code) 707 E. United Heritage Court, Meridian, ID 83642-3527													
			oker or Dea							-			
		_	ncial Service			. 6 1: :: 1	Db		· · · · · · · · · · · · · · · · · · ·				
Sta			Listed Has " or check									☐ All	l States
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	N/T	NE)		NH	3 0	NM	NY	NC	ND	OH	QK.	⊘ R	PA
	RI	SC	30	TN	TX		V7	VA	WA	WV	W)	WY	PR
Ful	l Name (L	ast name	first, if indi	vidual)			 						
			Address (N				Zip Code)						
_			Suite 105, I oker or Dea		WA 9800	4-1406							
			ancial Serv										
Sta			Listed Has										
(Check "All States" or check individual States)									☐ Ai	1 States			
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪĎ
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO DA
	MT	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
	ŔĹ				1141			(XA)					
			first, if indi										
	Business or Residence Address (Number and Street, City, State, Zip Code) 3017 Douglas Blvd., #250, Roseville, CA 95661												
Na	me of Ass	ociated Br	oker or Dea		<u> </u>	_							
		Securities,		Callalad	an Intende	ta Caliait	Durchases			········	 -—-	.	
Sta	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)												
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	IL.	IN	ĪA	KS	KŸ	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM TIT	NY	NC VA	ND WA	OH WV	OK WI	OR WV	PA
	RI	SC	SD	[NH]	TX	UT)	∇T	VA)	WA	WV	WI	WY	PR

Г					В. 17	NFORMATI	ON ABOU	T OFFERI	NG				
,	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No E	
1,	Answer also in Appendix, Column 2, if filing under ULOE.									14444444		K	
2.												<u>\$ 25,000.00</u>	
												Yes	No
3.									X				
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
Ful	I Name (I	ast name	first, if indi	ividual)									
	Business or Residence Address (Number and Street, City, State, Zip Code) 3025 S. Parker Road, 801, Aurora, CO 80014												
	Name of Associated Broker or Dealer												
		ouglas, Inc	C. Listed Has	Solicited	or Intends	to Solicit I	Purchasers						···
Sta			" or check						14444000111111111		,	All States	
	AL V V RI	AK DM NE SC	IA VV SD	AR KS NH	ØA KY NJ ₩		CT ME NY VT	DE MD NC VA	DC MA ND WA	MI MI WV	GA MA GK WI	MS OR WY	ID MO PA PR
Ful	ll Name (1	Last name	first, if indi	ividual)									
			Address (1 ks Blvd., V			-	Zip Code)						<u> </u>
			oker or De		v mage, Cz	77302	<u> </u>			<u> </u>			
		Vest Group											
Sta			Listed Has									53 A1	1 64-4
	(Check	"All States	s" or check	individual	States)		,	***************************************	•••••••		****	K AI	l States
	AL IL MT RI	AK N NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	II Name (I	Last name	first, if ind	ividual)									
Business or Residence Address (Number and Street, City, State, Zip Code) 3232 South Vance Street, Suite 210, Lakewood, CO 80227													
Na	me of Ass	ociated Br	oker or De Associates,	aler									-
			Listed Has		or Intends	to Solicit	Purchasers						
	(Check "All States" or check individual States)												
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	Ç∕A KY NJ TX	ÇO LA NM UT	ME ME VT	DE MD NC VA	DC MA ND WA	VV	GA MÁ OK WI	HI MS QR WY	MO PA PR

					B. 11	NFORMATI	ION ABOU	T OFFERI	NG					
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No k			
2.												\$ 25,000.00		
												Yes	No	
3.										X				
4.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Fui	Full Name (Last name first, if individual)													
	Business or Residence Address (Number and Street, City, State, Zip Code) 725 Town & Country Road, Suite 530, Orange, CA 92868													
		ociated Br	oker or Dea	aler				•						
	- ·		Listed Has	Solicited	or Intends	to Solicit	Purchasers				<u> </u>			
			" or check						•••••••••	•••••		. 🗷 All States		
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Ful	l Name (Last name	first, if indi	vidual)										
Bus	siness or	Residence	Address (N	lumber an	d Street, C	City, State, 2	Zip Code)							
_			, Suite 100		l, OR 9723	<u> </u>								
		nsulting G		u i C i										
	tes in Wh	ich Person	Listed Has											
	(Check	"All States	" or check	individual	States)	***************************************					•••••	K Al	l States	
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Ful	l Name (Last name	first, if indi	vidual)				-					-	
Business or Residence Address (Number and Street, City, State, Zip Code) 888 Seventh Avenue, Suite 301, New York, NY 10106														
Name of Associated Broker or Dealer May Capital Group, L.L.C.														
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check	"All States	or check	individual	l States)		•••••		.,			☐ Al	1 States	
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY VJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR	

					B. II	NFORMATI	ON ABOU	T OFFERI	NG				
1.	Has the	issuer solo	i or does th	e issuer ir	itend to se	II to non-a	ccredited in	nvestors in	this offeri	ng?		Yes	No K
•.	Answer also in Appendix, Column 2, if filing under ULOE.										<u> </u>		
2.	What is	the minim	um investm									<u>\$ 25,0</u>	00.00
	Does the offering permit joint ownership of a single unit?									Yes	No		
3.												×	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
Fu	II Name (Last name	first, if indi	vidual)									
			Address (N			-	ip Code)		_				
			oker or Dea	aler									
		Investors (Company Listed Has	0-1:-:	a- latanda	ta Caliait I	Du-ohogora						<u> </u>
Sta			i Listed Has s" or check						•••••		•••••	☐ AI	l States
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		NE	₩	NH	X J	NM TOTAL	Ŋ Ŷ	∏ C	NO WA	Q H W∨		Ø Ŕ WY	₽Ā PR
	RI	SC	20	TAN	TX		V	[AZ]	WA)	(W V)		<u> </u>	
Fu	II Name (Last name	first, if indi	vidual)									
			Address (1										
			Boulevard		0, Mounta	iin View, C	CA 94043-	1374					
		curities, I		aici									
			Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)						***************************************	□ Al	1 States
	M.	AK	ML	AR	(A)	SO	(V)	DE			C A	M	TR.
		IN	IA	[KS]	KY		ME	MO	MA)		MN OK	y∕s ⊙⁄R	MO PA
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Fu			first, if indi										
			Address (Nourt West, S			-	-						
	me of As /FP Secu		roker or De	aler									
			Listed Has	Solicited	or Intends	to Solicit	Purchasers						·
	(Check	"All State	s" or check	individual	l States)			······				☐ Ai	l States
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	RI	NE SC	SD	NH) (TN)	W		\vec{v}	VA)	WA	WV	W1	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price	;	Amount Already Sold
	Debt	\$		\$
	Equity	\$		s
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$	_	\$
	Partnership Interests	<u>\$</u> 35,000,000	_	\$_0.00
	Other (Specify)	\$	_	\$
	Total	<u>\$</u> 35,000,000		\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
•	Enter the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indit the number of persons who have purchased securities and the aggregate dollar amount of t purchases on the total lines. Enter "0" if answer is "none" or "zero."	cate		Aggregate Dollar Amount of Purchases
	Accredited Investors	0	_	\$_0.00
	Non-accredited Investors	0	_	\$_0.00
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
•	If this filing is for an offering under Rule 504 or 505, enter the information requested for all secur	Ittes		
	sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question	o the 1. Type of		Dollar Amount
	first sale of securities in this offering. Classify securities by type listed in Part C — Question Type of Offering	the I. Type of Security		Dollar Amount Sold
	first sale of securities in this offering. Classify securities by type listed in Part C — Question Type of Offering Rule 505	Type of Security		
	first sale of securities in this offering. Classify securities by type listed in Part C — Question Type of Offering	Type of Security		
	first sale of securities in this offering. Classify securities by type listed in Part C — Question Type of Offering Rule 505	Type of Security	_	
	first sale of securities in this offering. Classify securities by type listed in Part C — Question Type of Offering Rule 505	Type of Security	_	
	first sale of securities in this offering. Classify securities by type listed in Part C — Question Type of Offering Rule 505 Regulation A Rule 504	Type of Security	_	Sold \$ \$ \$
	first sale of securities in this offering. Classify securities by type listed in Part C — Question Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the ins The information may be given as subject to future contingencies. If the amount of an expenditu	Type of Security	_	\$ Sold \$ \$ \$ \$ \$ \$
	Type of Offering Rule 505 Regulation A Total a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the ins The information may be given as subject to future contingencies. If the amount of an expenditu not known, furnish an estimate and check the box to the left of the estimate.	Type of Security f the urer.	- -	\$\$ \$\$ \$\$ \$\$ 25,000.00
	Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the ins The information may be given as subject to future contingencies. If the amount of an expenditurnot known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	Type of Security	_	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$
	Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the inst The information may be given as subject to future contingencies. If the amount of an expenditue not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.	Type of Security f the urer.	- - -	\$\$
	Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the ins The information may be given as subject to future contingencies. If the amount of an expenditu not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs	Type of Security f the urer.		\$\$ \$\$ \$\$ \$\$ 50,000.00 \$\$
	Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the instance through the information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)	Type of Security f the urer.		\$
	Type of Offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution or securities in this offering. Exclude amounts relating solely to organization expenses of the ins The information may be given as subject to future contingencies. If the amount of an expenditu not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees	Type of Security f the urer.		\$\$ \$\$ \$\$ \$\$ 50,000.00 \$\$

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF F	PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer." See footnote (2).to.response			\$
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for ar check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross		
	,		Payments to Officers, Directors, & Affiliates	Payments to Others
	·Salaries and fees		\$ 958,600	
	Purchase of real estate		▼ \$_26,554,500	s
	Purchase, rental or leasing and installation of mad and equipment	chinery	s	\$
	Construction or leasing of plant buildings and fac-	cilities	 \$	
	Acquisition of other businesses (including the valoffering that may be used in exchange for the assissuer pursuant to a merger)	ets or securities of another	□ \$	
	Repayment of indebtedness		_	_
	Working capital			
	Other (specify): organization expense ellowant			
	purchase of real estate mortgages and other debt	t instruments secured by real estate	2 ,800,000	
	Column Totals		∑ \$ 30,625,000	[] \$
	Total Payments Listed (column totals added)		 ∑ \$ <u>30</u>	,625,000
		D. FEDERAL SIGNATURE		
sig	rissuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commis	ssion, upon writte	
Iss	uer (Print or Type)	Signature	Date	
	ource Real Estate Investors 6, L.P.	1 1/1//////////////////////////////////	September 26, 2	007
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	-	
Dai	shan V. Patel	Chief Legal Officer & Secretary of Resource Cap	ital Partners, Inc., t	he General Partner

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)